

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CR</i>		<i>10-18</i>
O.I.P.E. CLASSIFIER	<i>CH</i>	<i>60130</i>	<i>6-2-00</i>
FORMALITY REVIEW			<i>8/9/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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